

# Major Institution Master Plan Annual Status Report

## I. **Introduction**

- A. Harborview Medical Center
- B. July 1, 2000 though June 30, 2001
- C. 1. Name and Title  
Maureen McCarry, Ph.D., Assistant Director, Planning and Regulatory Affairs
- 2. Mailing Address  
Planning and Regulatory Affairs, Box 359795  
Harborview Medical Center  
325 - 9<sup>th</sup> Avenue  
Seattle, WA 98104
- 3. Phone Number  
(206) 521-1654
- 4. Facsimile Number  
(206) 521-1291
- 5. E-mail Address (Note: case sensitive)  
mccarry@u.washington.edu
- D. Master Plan Adoption Date and Any Subsequent Amendments  
2000, no amendments were requested.

## II. **Progress in Meeting Master Plan Conditions**

The City Council placed 16 conditions on the proposed Master Plan and directed 63 SEPA conditions. For the term of this 2001 report, these conditions are not applicable except for those listed below:

City Council Condition #9: Design Commission Recommends Conceptual Approval of the Aerial Vacation of 9<sup>th</sup> Avenue and the Alley Vacation Linking James and Jefferson

SEPA 3: Harborview continues to implement, monitor and update the Hazardous Materials and Waste Management Plan and specific programs to minimize hazard risks and comply with all applicable laws, regulations, and policies related to responsible hazardous materials. Harborview maintains an environmentally responsible waste management stream that protects public interest.

SEPA 8 Harborview continues to implement policy of “shutting down” emergency vehicle sirens within two blocks of the hospital, except when prevented by safety/traffic conditions.

**III. Major Development Activity Initiated or Under Construction Within the MIO Boundary During the Reporting Period.**

**A. List and Describe Development Activity Initiated or Under Construction**

1. Name of Building: Expansion of an existing parking garage
2. Description: New construction to expand existing garage
3. Proposed Use: Parking and Helipad
4. Size: 128,168 SF 4 floors of parking; 18,910 Helipad, access ramp, elevator lobby and public plaza.
5. Date: Under construction and scheduled to be completed May, 2001.

**B. Major Institution Leasing Activity to Non-Major Institution Uses**

1. Not Applicable

**IV. Major Institution Development Activity Outside but within 2,500 Feet of the MIO District Boundary**

**A. Land and Building Acquisition During the Reporting Period:**

None

**V. Progress in Meeting Transportation Management Program(TMP) Goals and Objectives**

- A. Harborview Medical Center supports the goals and objectives of the TMP through an aggressive program of incentives to discourage use of single occupant vehicles.
- B. These include: subsidizing vanpool and carpool programs; pre-tax income program for purchasing transit (U-Pass); free carpool and vanpool parking; free covered and uncovered bike racks; support for METRO for the First Hill Express Bus service; and support of the University Health Sciences Bus service which serves the University and Capitol Hill areas.
- C. Harborview Medical Center meets each goal and objective. In meeting the goals set forth in Harborview's 1992 Transportation Management Plan, Harborview Medical Center: 1) Provides a mix of on-site parking which promotes the use of high occupancy use vehicles; 2) Subsidizes the cost of a transit pass (U-Pass) at 61%; 3) Provides free parking in preferential locations for vanpools and carpools (goal was established that Harborview provide "a discount of at least 25% of regular parking rate). Carpool and vanpool participants are required to purchase a U-Pass transit pass of \$14; 4) Harborview has reduced the number of commuter trips in employee SOV to 45% for all employees and for affected employees to 41%.

# Major Institution 2001 Reporting Period

Development Activity Within the Major Institution Overlay Boundary

New Non – Leased Activity During 2001 Reporting Period

| Name of Building and Address<br>(or Other Means of Locating<br>the Property or Site) | Proposed Uses(s) | Size – Gross<br>Square<br>Footage |
|--|------------------|-----------------------------------|
| NONE   |                  |                                   |
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Total Gross Square Footage:

# Major Institution 2001 Reporting Period

## Development Activity Within the Major Institution Overlay Boundary

### Leasing Activity to Non-Major Institution Uses During 2001 Reporting Period

| Name of Building and Address (or Other Means of Locating the Property or Site) | Previous Use(s) and Proposed Use(s) | Size – Gross Square Footage of Leased Area |
|--|-------------------------------------|--|
| 509 9 <sup>th</sup> Avenue (6-plex)  | Residential housing                 | 5,008                                      |
| 908 Jefferson Apartments<br>908 Jefferson                                      | Residential housing                 | 9,997                                      |
| Imperial Grocery & Ding Ho Laundry<br>903 & 905 James Street                   | Retail                              | 3,760                                      |
| King County Clinics and services<br>325 9 <sup>th</sup> Avenue                 | Public Health Services              | 37,111                                     |
| Lafayette Apartments<br>917 James Street                                       | Residential                         | 21,892                                     |
| LifeCenter NW<br>505 9 <sup>th</sup> Avenue                                    | Office                              | 126  |
| Lucky Day Grocery<br>916/922 Jefferson Street                                  | Retail                              | 3,182                                      |
| 501 9 <sup>th</sup> Ave.(Old Medic 1 Bldg.)                                    | Office                              | 5,758                                      |
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Total Gross Square Footage:

Major Institution 2001 Reporting Period

Development Activity Outside the Major Institution  
Overlay Boundary but Within 2,500 Feet

Land and Building Acquisition During 2001 Reporting Period:

| Name of Building and Address (or Other Means of Locating the Property or Site) | Current | Size – Gross Square Footage of Land or Building |
|--|---------|---|
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Total Gross Square Footage:

# Major Institution 2001 Reporting Period

Development Activity Outside the Major Institution  
Overlay Boundary but Within 2,500 Feet

## Leasing Activity During 2001 Reporting Period

| Name of Building and Address (or Other Means of Locating the Property or Site) | Previous Use(s) and Proposed Use(s)        | Size – Gross Square Footage of Leased Area |
|--|--|--|
| 411 12 <sup>th</sup> Avenue  | OT/PT Clinic                               | 3,850                                      |
| 700 9 <sup>th</sup> Avenue   | Office Space                               | 10,607                                     |
| 710 9 <sup>th</sup> Avenue   | Office Space                               | 3,470                                      |
| 1401 East Jefferson  | Sexual Assault and Traumatic Stress Clinic | 10,061                                     |
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**Total Gross Square Footage:**

# Employer/TMP Annual Report & Program Description



Washington State's Commute Trip Reduction (CTR) law requires employers to implement programs that encourage alternatives to drive-alone commuting to their worksites. Reducing commute trips is expected to help improve air quality, reduce traffic congestion, and decrease the use of petroleum fuels.

Employers affected by the CTR law must submit an *Employer Annual Report & Program Description* form for each affected worksite. The information is used by your jurisdiction and the Washington State Department of Transportation (WSDOT) to help employers develop and maintain effective CTR programs.

Please complete the following report as carefully and completely as you can. Specific instructions are included in sections requiring detailed answers. If you would like to provide more information about your CTR program, attach additional pages with your comments. If, after filing the report for this reporting period, your organization is unable to completely implement its CTR program, contact your local jurisdiction to amend your program. If you have any questions on how to fill out this form, please call the CTR representative in your local jurisdiction.

## Worksite Description

**Program Year:** (for jurisdiction use only)

938289107

1 worksite CTR ID number (if known)

Harborview Medical Center

2 organization name

3 worksite/branch

325 Ninth Avenue

4 worksite address

Seattle

WA

98104

5 city

6 state

7 zip code

N/A

8 mailing address (if different from above)

8 A. Building/campus name \_\_\_\_\_

8 B. Owner/developer/property manager: \_\_\_\_\_

8 C. Official address (if different from site) \_\_\_\_\_

9 Is this employer required to submit a CTR program report to more than one jurisdiction? ☐ yes (which?) \_\_\_\_\_ ☒ no

10 What is the primary business at this worksite? ☐ agriculture, forestry, fishing, mining ☒ health care ☐ services ☐ transportation ☐ finance, insurance, real estate ☐ retail/trade ☐ public utilities ☐ government ☐ information services/software ☐ manufacturing ☐ construction ☐ other

11 Is this employer a non-profit organization? ☒ yes ☐ no

Linda Johnson

Parking Manager III

(206) 731-3254

12 ETC name

13 title

14 phone

325 Ninth Ave, Box 359900

lmjohnso@u.washington.edu

(206) 731-6080

15 ETC mailing address (if different from above)

16 e-mail address

17 fax

Greg Cannon

Director of Public Safety and Parking

(206) 731-3899

18 program manager name

19 title

20 phone

gscannon@u.washington.edu

731-4801

21 program manager address (if different from above)

22 e-mail address

23 fax

23 A. Building Transportation Coordinator (BTC) name (if different from ETC) \_\_\_\_\_ N/A

23 B. BTC Address/zip (if different than site) \_\_\_\_\_ N/A

23 C. BTC phone number \_\_\_\_\_ N/A BTC fax number: \_\_\_\_\_ N/A

23 D. BTC e-mail address \_\_\_\_\_ N/A



# WORKSITE DESCRIPTION

## Employee Information

24 Total number of employees: 4,599

If site is a school:

24 A Total number of employees: \_\_\_\_\_ 24 B Average number of students: \_\_\_\_\_ 24 C Total number of Staff: \_\_\_\_\_

24 D If eligible, how many employees are TMP exempt: 462

25 Total number of full-time employees: 3,364 26 Total number of CTR-affected employees: 2,342

27 Is your CTR program offered to all employees? ☒ yes ☐ no

28 Is your CTR program subject to collective bargaining? ☐ yes ☒ no ☐ don't know

29 Does this worksite have multiple shifts? ☒ yes ☐ no

If yes, describe: 24 hour services are covered by a variety 12, 10, and 8 hour shifts.

30 Are any employees regularly scheduled to work at other worksites operated by this employer? ☒ yes 200 ☐ no

31 Are any employees required to use a personal vehicle as a condition of employment? ☒ yes 100 ☐ no

32 Are any employees regularly on call? ☒ yes 1,000 ☐ no

33 Use this space if you want to add additional employee information:

## Worksite Characteristics

- 34 Does your organization own or lease this worksite? ☒ own ☐ lease ☐ own part/lease part
- 35 Are there any other employers located within ¼ mile (3 blocks) of this worksite? ☒ yes ☐ no
- 36 Is this worksite located in an industrial or business park? ☐ yes ☒ no

Are any of the following facilities located onsite or within ¼ mile of this worksite and accessible to employees?

|  | No                                  | ¼ mile (3 blocks)                   | Onsite                              |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 37 Bus stop(s) (list route #s):<br>3, 4, 60, 941, 942, 943, 944  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 38 Ferry terminal  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 39 Bike trail or lane  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 Sidewalks or pedestrian trails (if yes, do they lead to this worksite? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no) | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 41 Restaurants/cafeteria   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 42 Shopping  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 43 Cash machine/bank   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 44 Child care  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 45 Other: _____  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

- 46 Is your worksite subject to: ☒ State Environmental Policy Act (SEPA) ☐ other transportation mitigation requirements

Explain: We have been approved under EIS for our Master Plan and we are approved SEPA for new construction, or any proposed project in the future.

# WORKSITE DESCRIPTION

## Worksite Parking Information

Parking costs include items such as leasing costs, security, maintenance and signage.

Answer Questions 47 through 53 for your company's employees.

- 47 How many parking spaces does this worksite have available for employee use?
- 48 Does your organization lease parking for employees? If yes, how many spaces?
- 49 Is the amount of leased parking a separate item on your building lease?
- 50 How much does your organization pay per month per leased parking space (optional)?
- 51 Does your organization own parking for employees? If yes, how many spaces?
- 52 Do you charge your employees for parking?
- 53 How much do your employees pay on average, per month for an employer-provided parking space (optional)?

| Onsite   | Offsite  |
|--|--|
| 875  |  |
| <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>#     | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br># 77    |
| <input type="checkbox"/> yes <input checked="" type="checkbox"/> no          | <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| \$   | \$   |
| <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br># 875 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>#       |
| <input checked="" type="checkbox"/> yes <input type="checkbox"/> no          | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no            |
| \$ 66.00   | \$ 66.00   |

Answer Questions 53 A through 53 O for your building/campus

- 53 A. Average number of monthly single-occupant vehicle permits issued:
- 53 B. Total parking stalls provided:
- 53 C. Number of Carpool stalls provided:
- 53 D. Number of Vanpool stalls provided:
- 53 E. Number of Short-term Parking stalls provided:
- 53 F. Number of disabled parking stalls provided:
- 53 G. Average # of carpool permits issued each month:
- 53 H. Average # of carpool participants each month who work in your building/campus:
- 53 I. Average # of vanpool participants each month who work in your building/campus:
- 53 J. Average # of vanpool permits issued each month:
- 53 K. Lowest monthly parking rate charged to any tenant:
- 53 L. Monthly Single-Occupant Vehicle Rate:
- 53 M. Monthly Carpool Rate:
- 53 N. Monthly Vanpool Rate:
- 53 O. Other Relevant Parking Rates:

| Onsite   | Remote or Satellite |
|--|---------------------|
| # 683  | # 36                |
| # 875  | # 77                |
| # 135  | # 3                 |
| # 15   | # 0                 |
| # 338  | # 0                 |
| # 38   | # 0                 |
| # 148  | # 2                 |
| # 270  | # 6                 |
| # 60   | # 0                 |
| # 13   | # 0                 |
| \$ 0.00/month (carpools and vanpools) part of U-PASS program |                     |
| \$ 66.00   |                     |
| \$ 0.00 part of U-PASS program                               |                     |
| \$ 0.00 part of U-PASS program                               |                     |
| \$ 4.00/day patients \$6.00/day staff \$15.00/day visitors   |                     |

# PROGRAM DESCRIPTION

## Non-Employer Provided Parking

Non-employer provided parking includes on-street parking, free or paid municipal lots, or commercial lots.

- 54 Is parking other than that provided by the employer available within 3 blocks (¼ mile) of the worksite? ☐ yes, free public or on-street parking ☐ yes, both free & paid parking ☒ yes, paid public parking ☐ no
- 55 If paid public parking is available what is the average monthly cost per space (optional)? \$130.00
- 56 Does your organization subsidize or reimburse employers for other parking arrangements? ☐ yes ☒ no  
If yes, what is the average employee subsidy or reimbursement per space? \$



The following section asks questions about your organization's ETC and CTR and building/campus programs. Please be as specific as possible. Add additional sheets if necessary. Providing cost information on your program is optional. If you provide this information, use monthly cost estimates or averages.

## Program Narrative

- 57 Describe your current CTR program, highlighting its most important elements (add additional sheets if necessary).
- U-Pass, a comprehensive commuter subsidy program, provides a multitude of commute options at a low cost to employees. With a U-PASS sticker on their UW identification card employees have access to METRO and Community Transit buses through out two counties, free carpool parking, subsidized vanpools, merchant discounts, and more. The monthly fee for employees is only \$15.50/month. A complimentary U-PASS is provided to all SOV drivers, with their parking permit.
- Bicycle lockers and a cage are provided for covered bicycle parking at only \$5/month for the lockers and no cost for the cage.
- Guaranteed ride home, this portion of our program encourages employees to feel secure leaving their cars at home, by providing them access to a taxi ride back home in the event of an emergency..
- In addition to these program elements Harborview Medical Center encourages the reduction of off-peak commuting by allowing flexible work scheduling. Most of our in-patient nursing staff work 12 hour shifts, our maintenance, engineering, and security departments have 10 hour days with a shortened work week

## ETC Information

**Required Element:** State law requires your organization to appoint an employee transportation coordinator (ETC) and prominently post the ETC's name, location and phone number for your employees. Some local ordinances have additional requirements.

- 58 Is the ETC's name, location and telephone number prominently displayed at this worksite? ☒ yes ☐ no  
Where? The Parking Office
- 59 Has the ETC completed a program developer/ETC training course? ☒ yes ☐ no
- 60 Has the ETC completed any additional CTR training? ☐ yes ☒ no  
If yes, identify training:

# PROGRAM DESCRIPTION

- 61 Is the ETC located at this worksite? ☒ yes ☐ no
- 62 What month and year did this person begin serving as an ETC? Month: October Year: 2000
- 63 On average, how many hours per week does the ETC spend on CTR activities? 40 hours
- 64 Is the ETC serving more than one worksite? ☒ yes ☐ no
- 65 Does the ETC have an active worksite committee to assist with the CTR program? ☒ yes ☐ no  
If yes, how many members? # of members 12

## Program Information and Promotion

**Required Element:** State law requires your organization to distribute information at least once a year to employees regarding alternatives to single-occupant-vehicle commuting. Some local ordinances may have specific requirements for program information distribution. In the space provided below, list what program elements you actually undertook during the last 12 months, and what program elements you plan to undertake during the next 12 months.

|   | Do you do this?  |   | How often?            |                |
|---|--|---|-----------------------|----------------|
|   | If yes, describe how this is done (attach materials/samples if necessary)  |   | within last 12 months | next 12 months |
| 66 Distribute program summary information to employees  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   | Through paychecks and STAT announcements and at new employee orientation. | <u>1</u>              | <u>1</u>       |
| 67 Provide information about the worksite CTR program during new employee orientations or in hiring packets?                                | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>24</u>             | <u>24</u>      |
|   | Do you do this?  |   | How often?            |                |
|   |  |   | within last 12 months | next 12 months |
| 68 Post CTR promotional materials for employees?  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>12</u>             | <u>12</u>      |
| 69 Give CTR presentations for managers?   | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no   |   |                       |                |
| 70 Give CTR presentations for employees?  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>24</u>             | <u>24</u>      |
| 71 Conduct transportation events and/or participate in county/state CTR promotions/campaigns for the purpose of promoting your CTR program? | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>1</u>              | <u>1</u>       |
| 72 Send electronic mail messages about the CTR program?   | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>6</u>              | <u>6</u>       |
| 73 Publish CTR articles in employee newsletters?  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>18</u>             | <u>12</u>      |
| 74 Distribute CTR information with employee paychecks?  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>1</u>              | <u>1</u>       |
| 75 Provide paid leave for exemplary CTR employees?  | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no   |   |                       |                |
| 76 Distribute ridematch applications? If you use this program element, do you distribute applications to:                                   | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>6</u>              | <u>6</u>       |
|   | <input checked="" type="checkbox"/> all employees <input checked="" type="checkbox"/> only employees interested in ridematch |   |                       |                |
| 77 Other: <u>Run independent survey to determine additional needs of staff for diverse commuter options, other than commuting by SOV.</u>   | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   |   | <u>2</u>              | <u>0</u>       |

# PROGRAM DESCRIPTION

## Building Transportation Coordinator:

**Required Element:** The City TMP requires your organization to appoint a Building Transportation Coordinator (BTC).

77 A. Where is the name/phone of BTC displayed Parking Office

Distribution of building/campus program information:  
Attach a printed piece from each activity below that was implemented.

77 B. Do you provide HOV commute information for tenants? ☒ yes ☐ no

77 C. If yes, what types of commute information and how often are they distributed?

Program Brochure, at new employee orientation

77 D. Last transportation fair held: September 99

## Site Amenities and Characteristics

**Required Element:** State law requires your organization to implement a set of measures designed to achieve Commute Trip Reduction goals. Your program must include at least one element. Some local ordinances may have other requirements. Please fill in the required information for only those program elements included in your CTR program.

|  | Do you do offer?   | Existing Element |             | Plan to add within next 12 months |
|--|--|------------------|-------------|-----------------------------------|
|  |  | number           | start year  | anticipated changes               |
| 78 Commuter information centers  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <u>1</u>         | <u>1988</u> | <u></u>                           |
| 79 Covered spaces for bicycles<br>79 A. Location: <u>View Park and Boren Garages</u> | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <u>48</u>        | <u>1988</u> | <u></u>                           |
| 80 Uncovered spaces for bicycles<br>80 A. Location: <u>Hospital Entrance</u>         | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <u>30</u>        | <u>1988</u> | <u></u>                           |
| 81 Clothes lockers   | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <u></u>          | <u>1970</u> | <u></u>                           |
| 82 Showers   | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <u></u>          | <u>1970</u> | <u></u>                           |
| 83 On-site loading/unloading zones or shelters for non-SOVs                          | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <u></u>          | <u>1980</u> | <u></u>                           |
| 84 Other: <u></u>  | <input type="checkbox"/> yes<br><input type="checkbox"/> no            | <u></u>          | <u></u>     | <u></u>                           |

84 A. Building(s) gross sq. footage 1,338,253

84 B. Percentage of building/campus leased 0%

84 C. # tenant companies\*  85 D. Total # site occupants/employees

\*If site has tenant companies, attach a list with the following information for each tenant company: company name, number of employees, number of parking spaces in lease, contact name.

# PROGRAM DESCRIPTION

## Parking Management

Identify all parking management techniques your organization currently uses or plans to use to support your CTR program. Indicate the number of parking spaces set aside or reduced. Provide parking cost information on a monthly, charge-per-space basis.

|  | Monthly Charge | Existing Element |            | Plan to Add Within Next 12 Months |
|--|----------------|------------------|------------|-----------------------------------|
|  | per space      | Number           | start year | anticipated changes               |
| 85 Reserved or priority parking for carpools?        | \$0.00         | 117              | 1988       |                                   |
| 86 Reserved or priority parking spaces for vanpools? | \$0.00         | 14               | 1980       |                                   |
| 87 Parking charge for SOVs? How many spaces?         | \$66.00        | 597              | 1970       |                                   |

|   | Eliminated This Year | Plan to Eliminate Within Next 12 Months |
|---|----------------------|---|
| 88 How many SOV spaces were eliminated? | 0                    | 0                                       |

89 Briefly explain how you manage and monitor your worksite parking program. If this organization does not provide any parking for employees, please indicate that in this space.

We provide daily monitoring of garages, through three dedicated enforcement officer. We maintain a parking database which is updated with permit renewals.

A new revenue control system tracks entering and exiting permit holders. This system allowed for the creation of a debit card for occasional users who primarily use other means but need to drive by themselves once a week. Software in this new system provides better control of carpools by only allowing one car in the garage per carpool permit. A second or third car that needed to park at the same time, would be required to pay the daily parking rate.

## Financial Subsidy

Identify the average monthly subsidies offered to employees at this worksite, and the average number of employees participating per month.

|   | Existing Element   |                                      |   |            | Plan to Add Within Next 12 Months |
|---|--|--------------------------------------|---|------------|-----------------------------------|
|   | Do you offer?  | Average monthly subsidy per employee | Average number of employees participating per month | start year | anticipated changes               |
| 90 Transit (bus) subsidy provided by company            | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | \$49.50                              | 1,109   | 1980       |                                   |
| 90 A. Transit (bus) subsidy provided by building/campus | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | \$                                   |   |            |                                   |
| 91 Ferry subsidy  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | \$15                                 | 18  | 1980       |                                   |
| 92 Vanpool subsidy                                      | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | \$106.00                             | 60  | 1980       |                                   |
| 93 Carpool subsidy                                      | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | \$66.00                              | 270   | 1980       |                                   |
| 94 Walking subsidy                                      | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | \$                                   |   |            |                                   |

## PROGRAM DESCRIPTION

|    |                   | Existing Element   |    |  | Plan to Add Within Next 12 Months |
|----|-------------------|--|----|--|-----------------------------------|
| 95 | Bicycling subsidy | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | \$ |  |                                   |
| 96 | Other: _____      | <input type="checkbox"/> yes<br><input type="checkbox"/> no            | \$ |  |                                   |

97 Has this employer received B&O or utility tax credit for ridesharing subsidies? ☐ yes ☒ no

98 Do you provide a general transportation allowance/stipend to all employees? ☐ yes ☒ no

If yes, how much per month \$ \_\_\_\_\_

99 Do you allow employees to set aside a portion of their pre-tax income for the purpose of purchasing a transit or vanpool pass? ☒ yes ☐ no

If yes, what is the average number of employees participating in this program per month? 1,391

### Other Financial Incentives or Allowances

Identify other incentives or allowances offered to employees at this worksite. For example, if the worksite offers quarterly prize drawings for employees who commute in non-SOV modes, that information should be listed below.

|     |                                | Existing Element  |                    |            | Plan to Add Within Next 12 Months |
|-----|--------------------------------|---|--------------------|------------|-----------------------------------|
|     |                                | Do you offer?   | amount/description | start year | anticipated changes               |
| 100 | other: (please identify) _____ | <input type="checkbox"/> yes<br><input type="checkbox"/> no | \$ /               |            |                                   |
| 101 | other: (please identify) _____ | <input type="checkbox"/> yes<br><input type="checkbox"/> no | \$ /               |            |                                   |
| 102 | other: (please identify) _____ | <input type="checkbox"/> yes<br><input type="checkbox"/> no | \$ /               |            |                                   |

### Work Schedules, Teleworking and Shift Changes

#### Compressed Work Week

103 Identify compressed work week schedules used to support your CTR program.

| Schedule   | Existing Element             |            | Plan to Add Within Next 12 Months |
|------------|------------------------------|------------|-----------------------------------|
| days/hours | # of employees participating | start year | anticipated changes               |
| 3/36       |                              |            |                                   |
| 4/40       | 200                          | 1970       |                                   |
| 9/80       |                              |            |                                   |
| other      | 1,050                        | 1970       |                                   |

Identify "other": (12 Hour Shifts/80Hours in Seven days)

# PROGRAM DESCRIPTION

## Flex Time

104 Does your organization allow employees to vary their schedules in order to meet carpool, vanpool, bus schedules, etc.? ☒ yes ☐ no

105 Describe this worksite's flex-time program or policy:

Departments provide optional start times, so long as they don't negatively impact patient care.

| 106 Estimate the number of employees participating in flex-time program: | Existing Element             |            | Plan to Add Within Next 12 Months |
|--|------------------------------|------------|-----------------------------------|
|  | # of employees participating | start year | anticipated changes               |
|  | 300                          | 1995       |                                   |

## Teleworking

107 Does your organization allow employees to eliminate a commute trip by working at home, a telework center, or satellite office at least one day every other week? ☒ yes ☐ no

108 Describe this worksite's teleworking program or policy:

In certain departments, medical transcription for example, where patient care is not affected by remote work, employees are encouraged to work from home. In medical transcription, the department purchases computer terminals for employees to use at their home, all but eliminating the need to be on-site.

| 109 Identify number of employees participating in teleworking program: | Existing Element             |            | Plan to Add Within Next 12 Months |
|--|------------------------------|------------|-----------------------------------|
|  | # of employees participating | start year | anticipated changes               |
|  | 61                           | 1996       |                                   |

## Schedule Changes

110 Did your organization modify work schedules so that some or all employees who formerly arrived at work between 6 and 9 a.m. are now scheduled to begin work outside the 6 to 9 a.m. peak commute window? ☐ yes ☒ no (skip to question 108)

If yes, when did the shift change(s) occur?

If yes, how many employees' schedules were changed?

111 Was the shift change identified as an element of the worksite's approved CTR program for a previous year? ☐ yes ☐ no

If yes, in what year(s) was this a CTR program element?

112 Did the shift change occur because of impacts directly associated with the Growth Management Act of 1990? ☐ yes ☐ no

If yes, explain:

113 Do you plan to modify some or all employees' work schedules within the next 12 months? If yes, please explain: ☐ yes ☐ no



# PROGRAM DESCRIPTION

## Special Programs

|  | Existing Element   |                              |            | Plan to Add Within Next 12 Months |
|--|--|------------------------------|------------|-----------------------------------|
|  | Do you offer?  | # of employees participating | start year | anticipated changes               |
| 114 Employer-provided shuttle or custom bus or van                         | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | 600                          | 1980       |                                   |
| 115 Employer-managed guaranteed ride home program                          | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |                              |            |                                   |
| 115 A Guaranteed ride home offered by building/campus                      | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |                              |            |                                   |
| 116 Guaranteed ride home program managed by jurisdiction or transit agency | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | 120                          | 1996       |                                   |
| 117 Public agency ridematch service  | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | 60                           | 1988       |                                   |
| 118 Other: _____   | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |                              |            |                                   |

## Special Programs

- 119 Does your organization participate in a Transportation Management Association (TMA) or ETC network group? ☒ yes, which one? First Hill ☐ no
- 120 As part of your CTR program, are company fleet vehicles available to your employees? ☒ yes ☐ no
- If yes, indicate which of the following elements these vehicles support?

|                                 | Existing Element   |                      |            | Plan to Add Within Next 12 Months |
|---------------------------------|--|----------------------|------------|-----------------------------------|
|                                 | Do you offer?  | # of employees using | start year | anticipated changes               |
| (a) guaranteed ride home        | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |                      |            |                                   |
| (b) vanpooling                  | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |                      |            |                                   |
| (c) carpooling                  | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |                      |            |                                   |
| (d) work-related business trips | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | 250                  | 1980       |                                   |
| (e) non-work-related errands    | <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |                      |            |                                   |

## PROGRAM DESCRIPTION

### Other CTR Activities or Program Elements

If your organization conducts or plans to conduct other CTR activities that are not covered in this report, please describe these activities below or attach additional sheets if necessary. Your description should include the number or projected number of participating employees and the actual or projected start dates.

Harborview Medical Center, in partnership with the University of Washington, runs a shuttle bus between the University of Washington Medical Center, Harborview Medical Center, Fred Hutchison Cancer Center, and Children's Regional Medical Center. The shuttle service is available free of charge and runs on weekdays between 6:00 a.m. and 6:00 p.m., four times an hour.

Harborview, through its Security department, offers a free escort service 24 hours a day, seven days a week, to return employees to their cars, parked both on our campus and off.

Harborview Medical Center, beginning in October 2001, will be running a scheduled shuttle between downtown and the HMC campus. The shuttle will run in the morning, from 6:00 a.m. to 9:30 a.m., and again in the afternoon beginning at 3:00 p.m. until 8:20 p.m.. The shuttle will provide rides to all HMC employees from several locations downtown including the ferry terminal, King Street Station, Union Station, and the International District bus station. It will operate on a fixed schedule, at 15 minute intervals.

### Report Preparation

121 Identify the individual(s) responsible for completing this Employer Annual Report & Program Description.

☐ employee transportation coordinator

☒ other: Office Assistant III

If other, please provide the following information:

|                               |                |                         |
|-------------------------------|----------------|-------------------------|
| Robin A. Boles                |                | Office Assistant III    |
| 122 name                      | 123 title      |                         |
| Parking and Commuter Services |                |                         |
| 124 organization              |                |                         |
| 325 Ninth Ave, Box 359900     |                |                         |
| 125 mailing address           |                |                         |
| Seattle                       | Washington     | 98104                   |
| 126 city                      | 127 state      | 128 zip code            |
| (206) 731-3254                | (206) 731-6080 | rboles@u.washington.edu |
| 129 telephone                 | 130 fax        | 131 e-mail address      |

# PROGRAM DESCRIPTION

## Employer Commitment

I understand that our worksite is required by the Seattle/King City/County of  
to submit this *Employer Annual Report & Program Description* and to implement the program described  
herein. These actions comply with Washington State's Commute Trip Reduction Law. I am aware that  
the goal of this program is to reduce our employees' drive-alone travel to this worksite.

I have reviewed this document and I commit to the implementation of all the elements listed here and  
submitted for your approval. I will ensure that the jurisdiction is notified if information in this document  
changes.

|   |                                    |
|---|------------------------------------|
| 132 signature of CEO or highest ranking official at the worksite<br>David Jaffe | 133 date<br>Executive Director/CEO |
| 134 name (please print)<br>325 Ninth Avenue, Box 359717                         | 135 title                          |
| 136 mailing address of person who signed this form<br>(206) 731-3036            | dejaffe@u.washington.edu           |
| 137 phone   | 138 fax                            |
|   | 139 e-mail                         |

## COMMITMENT STATEMENT

I am the Building Transportation Coordinator and certify that the information provided is true.

Linda Johnson  
Building Transportation Coordinator Name (please print)

\_\_\_\_\_  
Building Transportation Coordinator signature Date

WSDOT, August 1997  
This report can be made available in  
another format for people with disabilities.  
Please call (360) 705-7846 for more information.

A copy of this report will be sent to Fidel Alvarez, SeaTran, City of Seattle.